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ABSTRACT

Due to the efforts of mental health consumer and advocacy organizations, there now exists a legislated community-based mental health policy for the treatment of children and adolescents with serious emotional disorders and their families. But the implementation of this policy has not met the intended legislative standards. Accordingly, this document reviews the causes of dissatisfaction with the de facto implementation of this policy, focusing on misallocation of mental health treatment funds; the need for a more thorough, ecologically oriented evaluation; intensity of services; and the efficacy of traditional forms of intervention. Promising new proposals and initiatives in research and evaluation of community-based services from the Family and Children's Services Branch of the Division of Biometry and Applied Sciences at the National Institute of Mental Health are cited. References are included. (TE)

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Mental Health Policy Regarding the Treatment of Children and Adolescents with Serious Emotional Disorders: Yes I Believe I Can Hear Some Light Ahead!

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Paper presented in a symposium entitled Innovative Service Models for Children and Families: Theoretical, and Empirical Support, at the 98th Annual Convention of the American Psychological Association, August 10-14, 1990, Boston, MA.

Within the United States, a plethora of mental health consumer and advocacy organizations have developed in recent years,and made their voices heard at all levels of government. Thanks to their efforts, we now have a legislated mental health policy for the treatment of children and adolescents with serious emotional disorders and their families which is family and community based, individually focused, and designed to provide services in the least restrictive environment. Unfortunately, the de facto implementation of this policy does not match the standards which were intended when the policy was formulated.

It is estimated that 70-75% of mental health treatment funds are spent on traditional hospital-based or residential treatment (Burns, 1990; Kiesler & Morton, 1988; Weithorn, 1988). Mental health policy/practice seems to be driven by funding which allows for the placement of children in some far-away treatment center rather than by programming initiatives to maintain these children in their present communities. Kiesler and Sibulkin (1987) suggested that there is de jure federal mental health policy which favors deinstitutionalization and community based treatment. However, they contend that de facto policy is so strongly dictated by public insurance companies which will only reimburse for inpatient mental health services, that the result is a practice of institutional care in settings much more restrictive than are necessary. Furthermore, this type of policy

and funding leads to poor interagency collaboration and interactions, poor or non-existent outpatient services, and minimal sharing of resources between agencies in the mental health system (Knitzer, 1982). Faced with the choice of keeping a difficult child in the home and obtaining services in the community, which are paid for out of pocket, or hospitalizing the child (often in a far-off locale) and receiving third party reimbursement, it is no wonder that parents often opt for the latter. It is also not uncommon for parents who turn to the public sector to obtain services for their child to be required to relinquish custody of the child in order to obtain these services.

As a result of much dissatisfaction with the de facto implementation of this policy, as well as questions regarding the efficacy or superiority of hospital-based treatment when compared to some innovative community-based treatments (Weisz, 1990; Curry, 1986) some new and truly innovative policies regarding community based treatment are being implemented.

The concept of creative and truly individualized service plans as an over-arching philosophy has begun to influence dictating policy and practice in some states. This philosophy dictates a significantly different approach to a child and his/her family from the first moment a child is referred. It

spans the assessment process, treatment planning, funding, implementation, and continues as long as services are needed.

Traditional psychological and psychiatric assessments are often included in an assessment; however, the need for a much more thorough, ecologically oriented evaluation is being recognized. This includes an emphasis on the strengths and interests of the child and family as well as the problems, an evaluation of the practical, functional skills, an understanding of the role of the individual's cultural heritage, an appreciation of the differing views of the situation from key individuals involved, and an ecological perspective in which the child is viewed within the context of the total community, family, and educational environment.

This type of evaluation requires a redefinition of the role that parents have traditionally played in the treatment process. Traditionally parents have been peripheral to many treatment processes at best, and they have often been blamed for their child's problems in some of the worst case scenarios. In an individualized treatment plan, parents are involved as both key informants and change agents, with the recognition that they know their child better than anyone else. They are considered allies in the treatment process and every effort is made to empower them to help regain control of their family's life. One way that this is accomplished is through the use of flexible funding of

treatment which allows treatment teams to develop and "wrap" services around a child and family rather than putting them into a slot that may be available.

Intensity of services is also a concept that has begun to change in the eyes of those who provide community based treatment. Whereas in the past "intensity" has equalled "restrictive" meaning inpatient or residential care, this is no longer the case. Many programs e.g. The Alaska Youth Initiative, Kaleidoscope in Chicago, and Homebuilders, may have crisis teams or individual therapists who will spend many hours a day, or even move into a family's home if this is what it takes to prevent an out-of-home placement. Twenty to forty hours spent per week with a family in their home is not at all unusual in these programs. This would certainly seem to constitute "intensive" services.

Finally, the question of efficacy is also being addressed in a different light. Research regarding the efficacy of traditional forms of intervention, e.g. individual psychotherapy, continues, and is becoming more elaborate and sophisticated. Likewise, individual program evaluations examining such programs as Homebuilders, are also being conducted and are yielding promising results. However, what is really exciting is a new shift of focus which is looking at entire systems of care as a unit of analysis for research. In the last year, three such initiatives began data collection. In California, a group headed

by Dr. Cliff Atkisson at the University of San Francisco has undertaken the evaluation of the Ventura County Service System which is a collaboration between the departments of education, juvenile justice, welfare, and mental health. In North Carolina, a group headed by Dr. Len Bickman of Vanderbilt has undertaken an evaluation of the Fort Bragg CHAMPUS service provision system which employs a quasi-experimental design. Dr. Leonard Saxe of Brandeis University has also begun an evaluation of the Robert Wood Johnson Child Services program. Finally, earlier this summer The Family and Children's Services Branch of the Division of Biometry and Applied Sciences at the National Institute of Mental Health and CASSP issued a request for proposals for research initiatives which will employ true experimental designs to study multistate, statewide, or smaller local systems of care.

Thus, in a time when resources seem to be shrinking there appears to be increasing acknowledgement of the need for, and movement toward change. As research becomes more sophisticated, it is hoped that we will gain a greater understanding of what services work best for children with serious emotional disorders and their families. The picture now appears brighter and more hopeful, as our state and local practices are beginning to look like our federal policies sound.

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